

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
6		1				
7		1				
8	1					
9		1				
10		1				
11	1					
12	1					
13	1					
14	1					
15	1	1				
16		4				
17	1					
18		1				
19		1				
20		1				
21		1				
22	1					
23		2	4			
24	1					
25		1				
26		1	1			
27	1					
28	1					
29		1				
30		1				
31		1				
32	1					
33		1				
34		1				
35		1				
36	1					
37		1				
38		1				
39		1				
40	1					
41		1				
42		1				
43		1				
44		6	1			
45	1					
46		1				
47	1					
48		2	1			
49		2	1			
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	1	2	1	2	1	2

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1	1				
52		4				
53	1					
54	1					
55	1					
56		3				
57	1					
58		1				
59	1					
60		1				
61	1	1				
62	1					
63	1					
64		1				
65		1				
66	1					
67	1					
68		1				
69	1					
70	1					
71	1					
72		3	4			
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	33					
TOTAL DEP.	57					
TOTAL CLAIMS	90					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS